

Warren County Board of Supervisors

RESOLUTION NO. 77 OF 2012

Resolution introduced by Supervisors Sokol, Thomas, Frasier, Taylor and McDevitt

AUTHORIZING AGREEMENT WITH POMCO, INC. FOR HOME CARE SERVICES PROVIDED BY WARREN COUNTY HEALTH SERVICES DEPARTMENT TO MEMBERS ENROLLED IN A BENEFIT PLAN

WHEREAS, the Director of Public Health/Patient Services is requesting an agreement with POMCO, Inc. (“Company”) to provide professional home health care services to members enrolled in the Company benefit plan with payment for the services as set forth in Schedule “A” annexed hereto, for a term commencing February 20, 2012, continuing indefinitely thereafter, and terminating by either party providing sixty (60) days written notice, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement with POMCO, Inc., 2425 James Street, Syracuse, New York 13206, to provide professional home health care services to members enrolled in the Company benefit plan with payment for the services as set forth in Schedule “A” annexed hereto, for a term commencing February 20, 2012, continuing indefinitely thereafter, and terminating by either party providing sixty (60) days written notice in a form approved by the County Attorney.

SCHEDULE "A"

FEE SCHEDULE
BETWEEN
WARREN COUNTY HEALTH SERVICES
AND
POMCO GROUP

HOME HEALTH CARE SERVICES

Service Type	Revenue Code	HCPCS or CPT Code	Rate**
Skilled Visit Non IV Visit	551	S9123 or S9124	\$150.00 per visit
Social Service Visit	561	S9127	\$95.00 per visit
Physical Therapy Visit	421	S9131	\$95.00 per visit
Occupation Therapy Visit	431	S9129	\$95.00 per visit
Speech Therapy Visit	441	S9128	\$95.00 per visit
Nutrition Services	942	S9470	\$95.00 per visit
Home Health Aide Visit	571	S9122	\$25.00 per hour

· Less copayment, coinsurance and/or deductible.

Prescription Drugs (J-Codes) and vaccines will be paid at Average Wholesale Price (AWP*). AWP means the average wholesale price of the specialty medication on the date the order is dispensed by Provider. The AWP source shall be RJ Health, shall be based on the package size from which the product is dispensed, and shall be the AWP for the actual J-Code or National Drug Code (NDC), as applicable for the package size used to dispense the prescription. The amount reimbursed to Provider shall be the AWP rate in effect as of the date the Covered Service is rendered, less the applicable Enrollee financial responsibility, including but not limited to deductible, coinsurance and copayment. All remittances will be made at the lesser of contracted fee schedule or total charges.